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CONFIRMATION NO. 1606

<b>SERIAL NUMBER</b> 10/775,961	<b>FILING OR 371(c) DATE</b> 02/10/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 760-229 DIVII/RCE/DIV
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**APPLICANTS**  
 Paul J. Thompson, New Hope, MN;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/496,088 02/01/2000 PAT 6,689,162 which is a DIV of 08/919,428 08/27/1997 PAT 6,019,786 which is a DIV of 08/640,062 04/30/1996 PAT 5,758,562 which claims benefit of 60/005,209 10/11/1995

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/07/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged	Examiner's Signature <i>Paul Pross</i>	Initials <i>ABP</i>		

**ADDRESS**  
23869

**TITLE**  
Braided composite prosthesis

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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